

# Innovating patient care: a human-centred design approach

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Investigating the flow of patient care and organisational systems through the application of a human-centred design process.

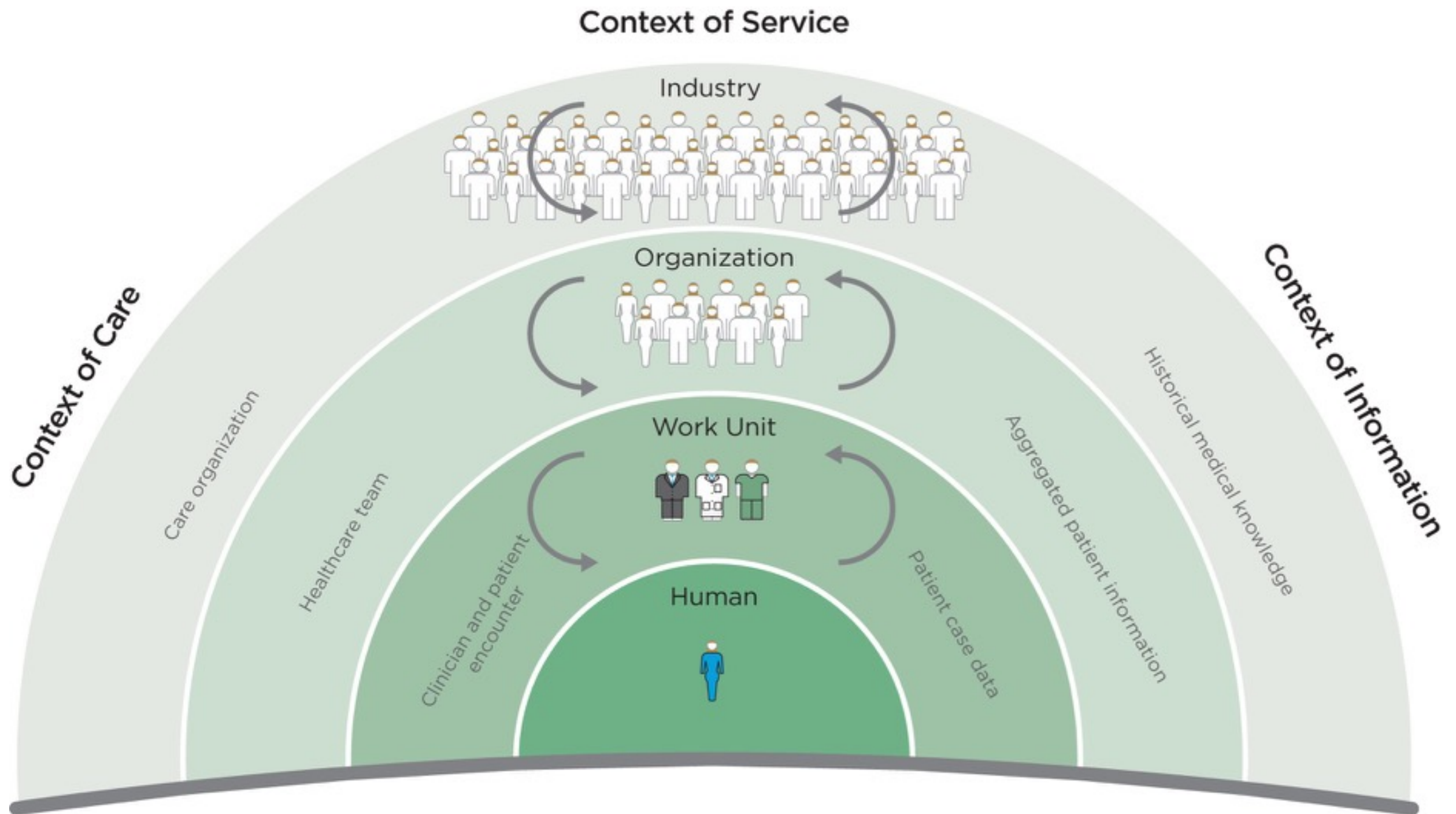
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Transformation through Open Innovation event  
Queen Elizabeth Hospital Campus, Glasgow  
17th December 2015



# human-centric open organisation open innovation



Ref. Peter H. Jones (2013), Design for Care: Innovating Healthcare Experience, Rosenfeld Media, Brooklyn, New York. [fig. 6.1, page 173]

# Open innovation

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**‘... open exchange, collaborating participation, rapid prototyping, transparency, meritocracy and community engagement.’**

Ref. <http://opensource.com/resources/what-open-source>

# Open innovation

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**‘... where contributors work together as a community, building on each other’s work, to arrive at the best solution to a complicated problem.’**

Ref. Whitehurst (2015), The Open Organisation: Igniting Passion and Performance, Harvard Business Review Press, Boston, Mass. [pages 6-7]

# Open organisations

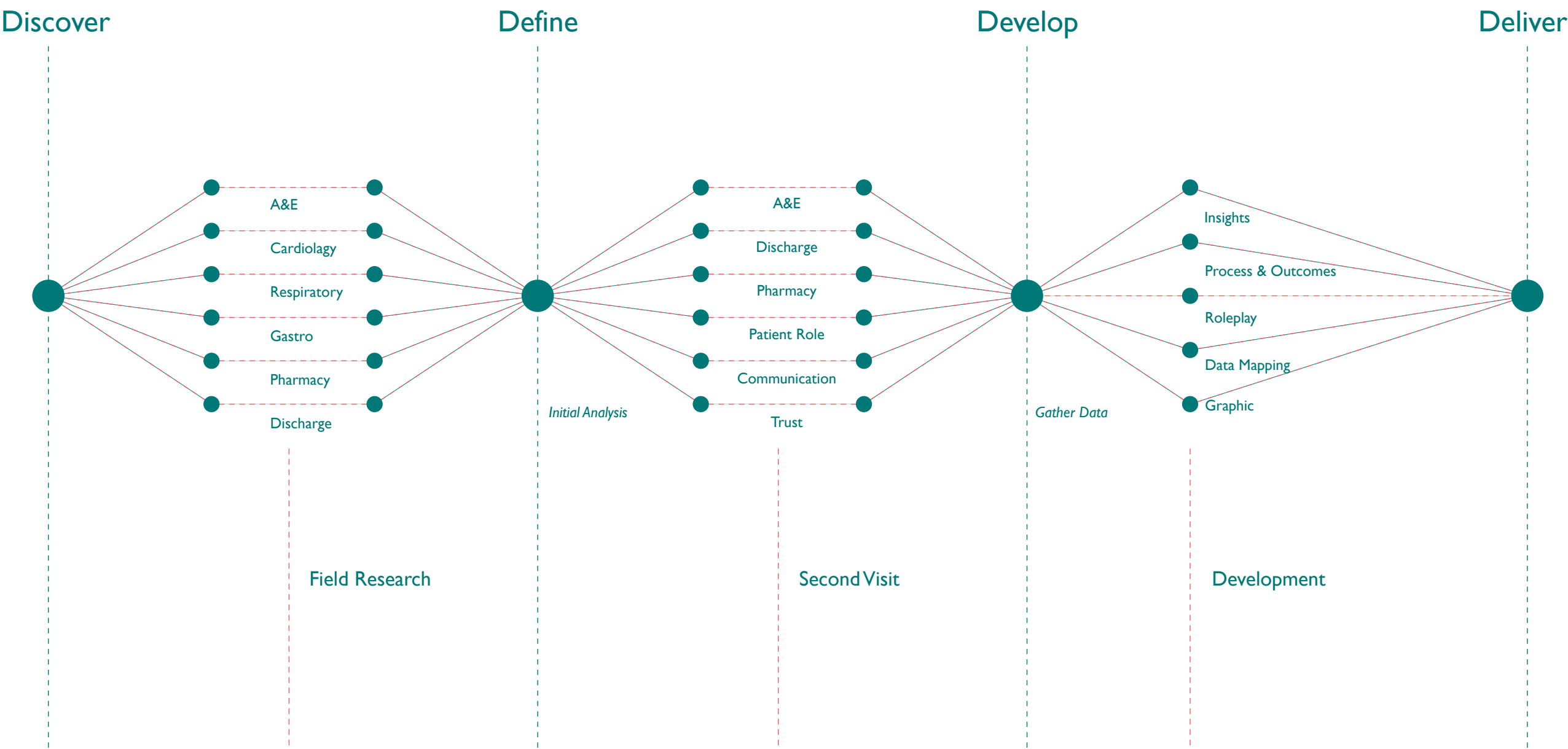
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**‘... able to respond more quickly because they have access to a collective knowledge and the ability to make use of it.’**

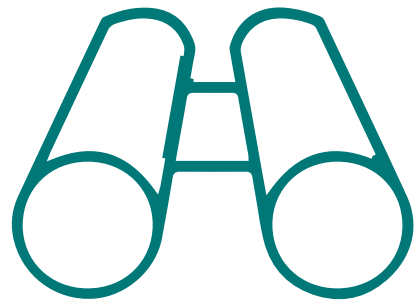
Ref. Foster (2014) The Open Organisation: A New Era of Leadership and Organisational Development, Gower Publishing Ltd, Surrey, UK - [pages 20-21]



# Our design approach



# Research tools applied



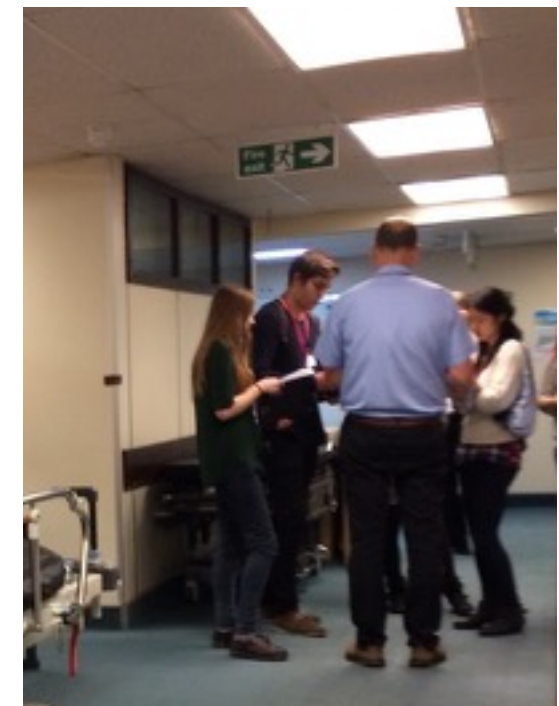
OBSERVATIONS



INTERVIEWS



SHADOWING



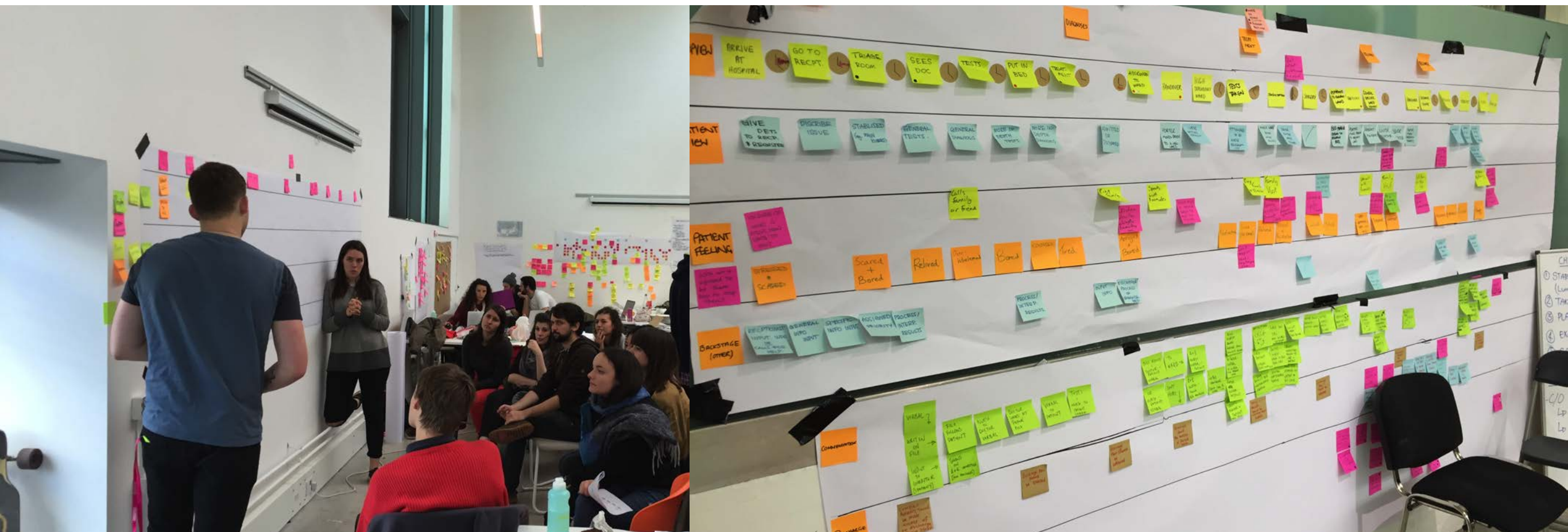


**Making sense of the research**

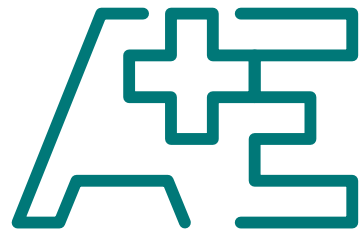
- Very specific atmosphere
- Fewer people that stay longer
- Feeling of calmness is top priority?
- INVOLVE FAMILY INTO CARE
- NICE ISSUES WITH STAFF FEELINGS
- patients who are very ill
- Staff support used for effects of hospital (UE used for personal)
- Images to communicate feeling
- NO JUDGEMENT, THERAPEUTIC
- nily can d
- communication difficult
- detached =
- don't understand what to expect from each other
- e.g. different definitions of complex patient
- overload of contact methods (complicated)
- People have feeling more dependent on others than before
- too mothering
- knowing limits
- Overall view - more aware of whole hospital
- more open to change
- Bubbled view of the hospital
- Seniors = Stressed (nurses)
- Juniors = Cheerful
- How much is reported back to the ward? (from nursing director)
- Reported to change
- Not likely
- into flow
- dis
- co-out
- of hospital
- P - separate bubble - only, related
- P - some already in notes + books?
- No trust in the system (they have to do it themselves)
- These issues -> other notes, notes/JD days
- with discharge not seen patient any more
- D - meeting bit for discharge
- N - study bit for discharge
- Customised discharge
- fits is customer don't see enough
- NHS values
- patient journey
- motivations to change words and others
- Distracted = not recording
- BAD@JOB
- Updated, overcomplicated person Brand experience
- CONFLICTING FEELINGS CREATES FRICTION



# Mapping user journeys



# Returned to areas for deeper investigation



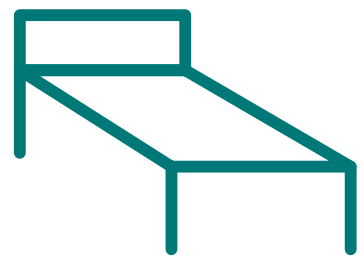
A&E



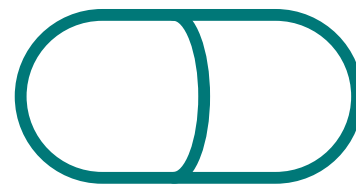
DISCHARGE



COMMUNICATION



PATIENT  
INVOLVEMENT

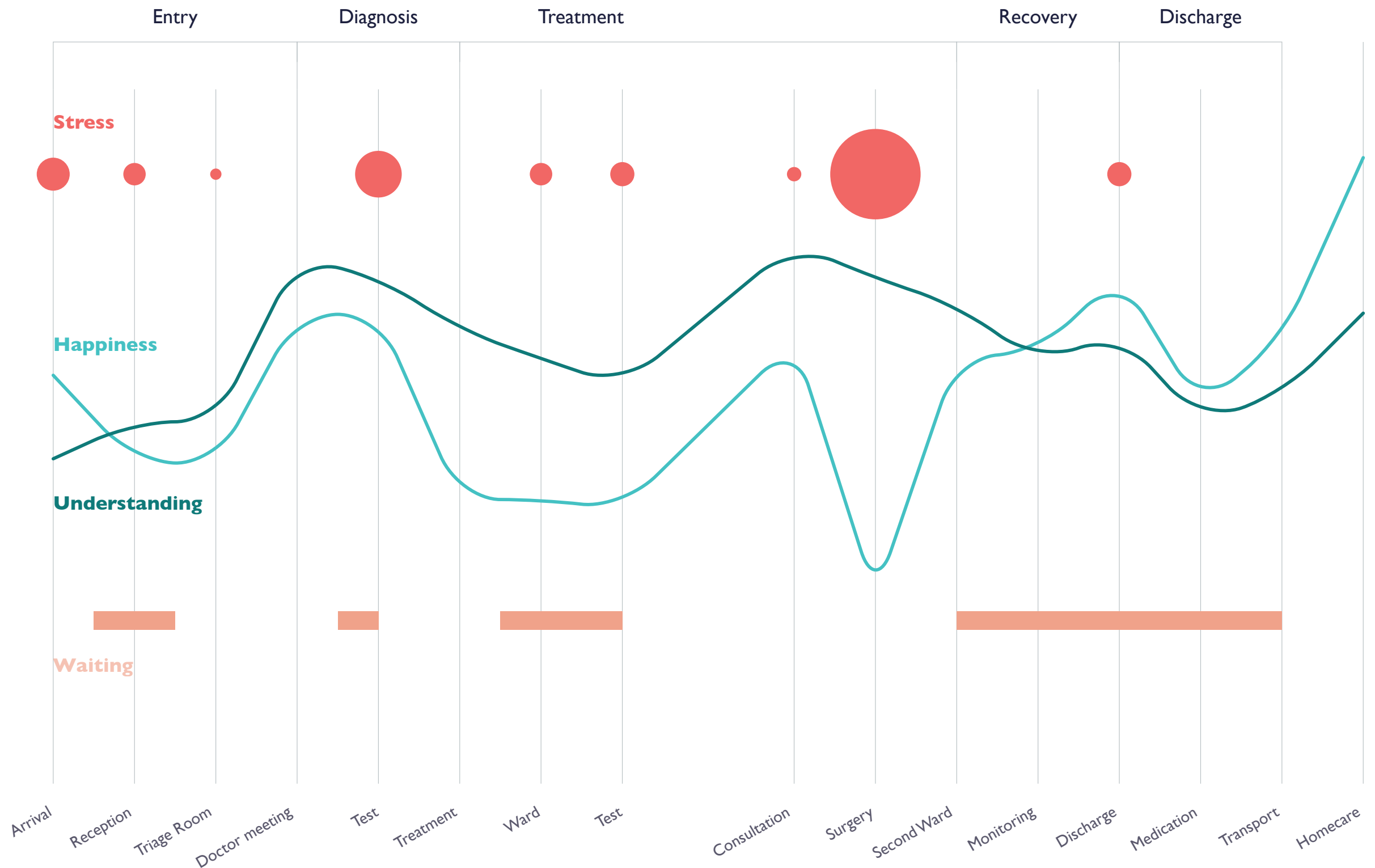


PHARMACY

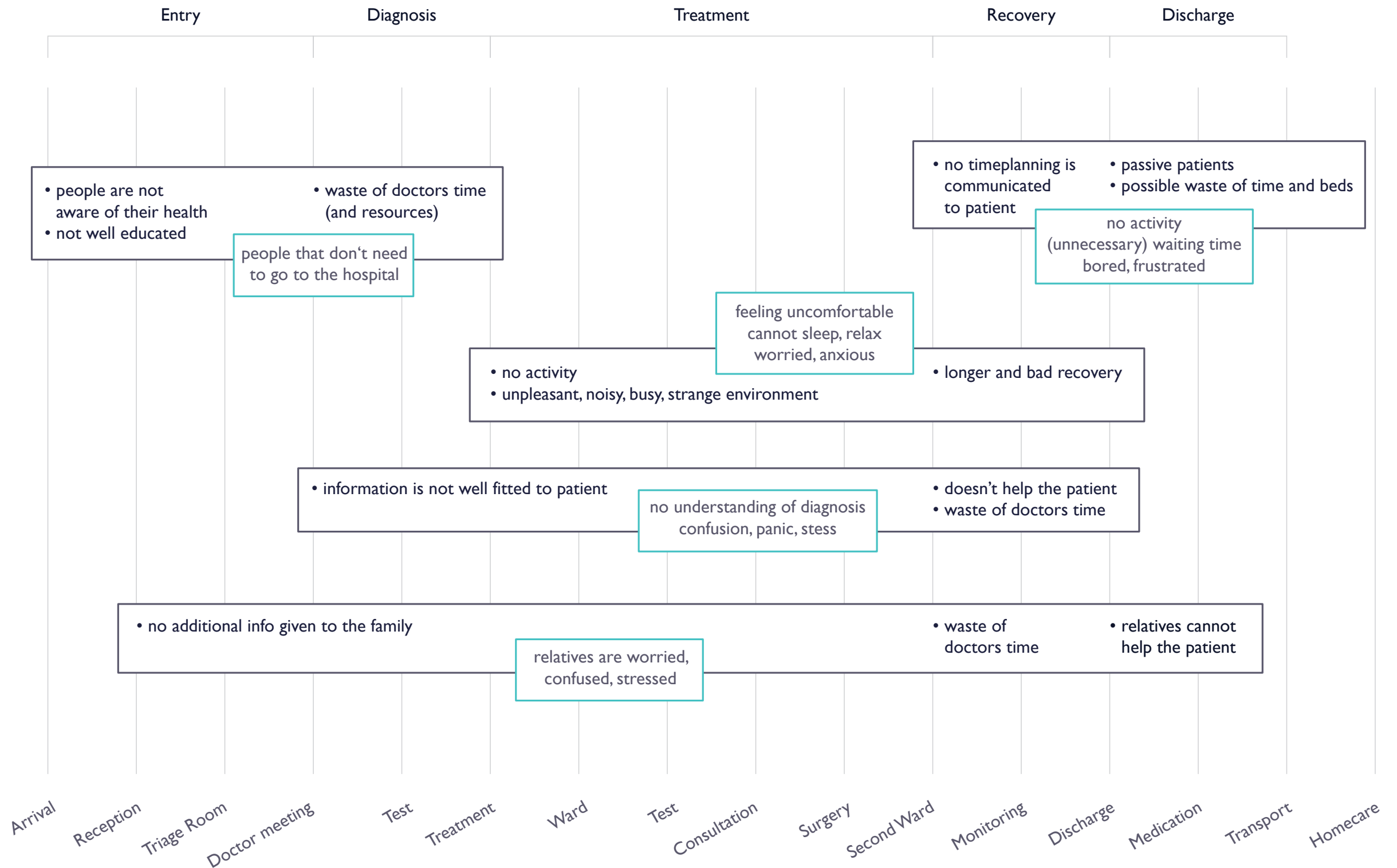


TRUST

# Patient's emotional journey



# Patient involvement

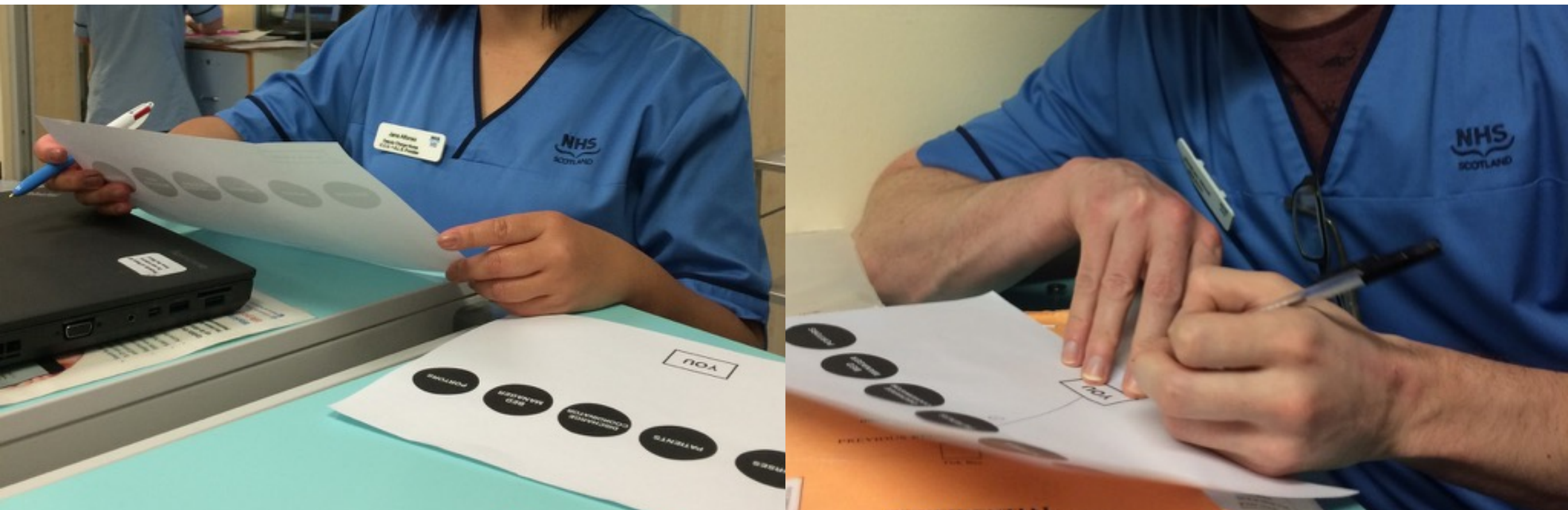


# Information journey





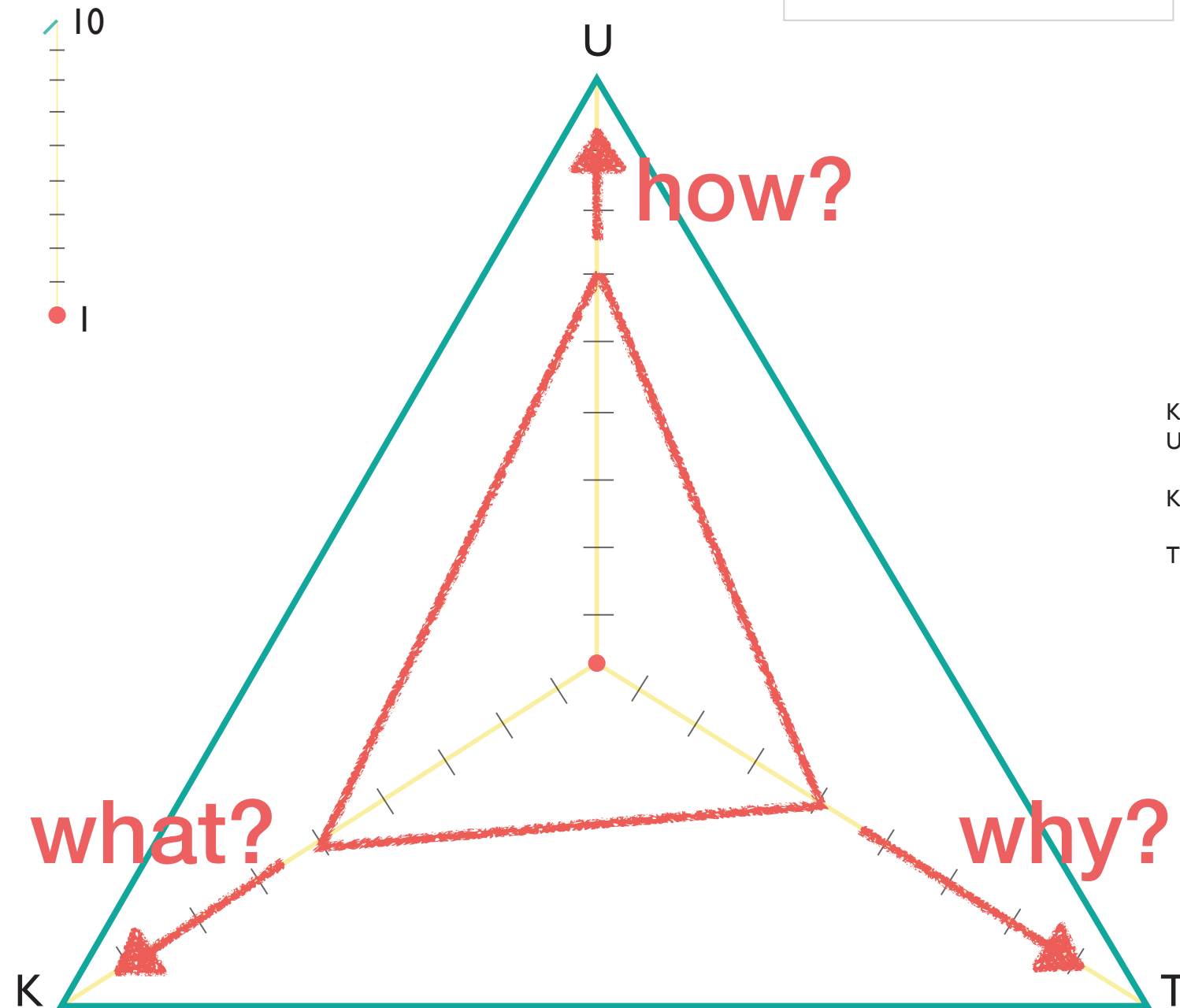
# Developed design outcomes through feedback



# Design interventions

Triangle of Communication

Role:



KEY:

U: UNDERSTANDING

- How clearly was the information transmitted?

K: KNOWLEDGE

- How accurate was the information received?

T: TRUST

- How well did people rely on the information that was being passed?

# Design interventions



# Design interventions







# Product Design Year 3

innovating patient care:  
a human-centred design approach

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